

OR to ICU BEDSIDE HANDOFF CHECKLIST

Safety begins with **U**

Introductions | ICU RN & ICU MD representative



- Patient stabilized, technology transferred, all other conversations & distractions stopped
- Confirm patient with 2 patient identifiers
- All team members introduce themselves by name & role

Surgeon Report | Attending, Fellow, or Resident



- Relevant Medical History
- Surgical Course: Procedure performed, reason for procedure, & important events
- Post-Op Management Plan:
 - Hemodynamic Parameters: MAP / SBP / ICP
 - Fluid goals & transfusion triggers
 - Lines/ Drains/ Tubes
 - Dressings and/or wound care
 - Diet
 - VTE prophylaxis and/or anticoagulants
 - Other medications: (e.g. Immunosuppressants)
 - Mobility: (i.e. Weight bearing restrictions)
- Family update: Primary contact & last update
- Length of stay: Projected ICU / Hospital course
- Contact information & call triggers

Anesthesia Report | Attending, Fellow, CRNA, or Resident



- Significant Medical History
 - Allergies / Code status / Weight
- Anesthetic Course:
 - Airway Concerns
 - Medications: Last Paralytic & Reversal/ Antibiotics / Pain Medications / Other (pressors, anticoagulants, steroids, anti-emetics)
 - Input: Fluids & Blood Products
 - Output: Est. Blood Loss & Urine output
 - Labs: Last ABG / Hgb / Blood glucose
 - Lines & Access: Placement challenges?
- Current State & Anticipatory Guidance:
 - Neurologic Status: Baseline status?
 - Pain / Sedation Management
 - Respiratory Status: Vent settings
 - Hemodynamic Stability
 - Current Infusions: Verify wt source
 - Blood Product availability
 - Medications given during transport?
- Contact information

Critical Care Team | ICU RN & ICU MD representative



- Open discussion with questions and/or clarifications:
 - Unique patient details: (e.g. pathways / research protocols)
 - "Readback": Summarize immediate plan of care, prioritize clinical concerns & management plans
 - Confirm contact information & call triggers
- Confirm ICU orders placed

Announce
HANDOFF COMPLETE

OR to ICU Handoffs

Every Step Counts



Safety begins with **U**

Communication of ICU needs by OR Team



Early identification & discussion of post-op ICU needs during safety check-in & surgical time out
or
at any time patient becomes critically ill

OR RN releases ADMIT TO ICU/BED REQUEST signed & held order
or
places BED REQUEST order, if not present for unanticipated escalation of care

Bed Request
by OR RN



1-2 hours

prior to surgery end

3 way RN Verbal Report

OR RN calls Patient Placement for bed confirmation & initiation of 3-way discussion of ICU needs with ICU Charge RN

Physician Verbal Report

Anesthesia provider calls ICU MD team to discuss patient's ICU needs

15 minutes prior to transport

Updates

OR RN calls ICU charge RN with patient status updates in preparation for patient arrival

Arrives in ICU

with all 4 teams present

Patient monitors & equipment transferred & patient stabilized before bedside handoff report

All teams present for collegial handoff using checklist: Surgeon, Anesthesia provider, ICU RN, & ICU MD team



6/2019